

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesAmerican Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

ADDRESS (number and street)

1090 Vermont Ave., NW

Suite 510

☐ Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00113803

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2008

through

08

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert George, D.O.

Signature of Treasurer

Electronically Filed by Robert George, D.O.

Date

09

12

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		283281.97
(b) Cash on Hand at Beginning of Reporting Period .....	386482.84	
(c) Total Receipts (from Line 19) .....	7460.83	371338.62
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	393943.67	654620.59
7. Total Disbursements (from Line 31) .....	23795.77	284472.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	370147.90	370147.90
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6862.00	244931.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	467.00	117542.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7329.00	362473.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	7329.00	362473.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	500.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	131.83	865.62
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7460.83	371338.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7460.83	371338.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	20295.77	164267.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	20295.77	164267.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	120000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	205.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	205.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	23795.77	284472.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23795.77	284472.69

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	7329.00	362473.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	205.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7329.00	362268.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20295.77	164267.69
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20295.77	163767.69

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee**A.**

Full Name (Last, First, Middle Initial)

Nicole Sirchio, DO

Mailing Address 7513 Oak Tree Ln

City

Spring Hill

State

FL

Zip Code

34607-2326

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	8

Transaction ID: 28323833

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Steve P. Buchanan, DO

Mailing Address 8851 Camp Bowie W Ste 120

City

Fort Worth

State

TX

Zip Code

76116-6040

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American College of Osteo-  
pathic ObstetOccupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	8

Transaction ID: 28356549

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Russell G. Gamber, DO, MPH

Mailing Address 3500 Camp Bowie Blvd

City

Fort Worth

State

TX

Zip Code

76107-2644

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
TCOM - University of North  
Texas HealthOccupation  
Professor, Dept of Manipulative Medici

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	8

Transaction ID: 28356550

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

A.

Full Name (Last, First, Middle Initial)

Raul J. Garcia, DO, FACOE

Mailing Address 6901 Scenic Dr

City

Yakima

State

WA

Zip Code

98908-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: 28356551

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stanley E. Grogg, DO

Mailing Address 4520 S Birmingham Pl

City

Tulsa

State

OK

Zip Code

74105-5126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSU-CHSOccupation  
Prof of Pediatrics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: 28356553

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey S. Grove, DO

Mailing Address 12020 Seminole Blvd

City

Largo

State

FL

Zip Code

33778-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suncoast Family Medical  
AssociatesOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: 28356554

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

**A.**

Full Name (Last, First, Middle Initial)

Martin S. Levine, DO, MPH

Mailing Address 41 Cambridge Drive

City

Short Hills

State

NJ

Zip Code

07078-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: 28356555

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Paul A. Martin, DO, MS

Mailing Address 100 Forest Park Dr

City

Dayton

State

OH

Zip Code

45405-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: 28356556

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Michael K. Murphy, DO

Mailing Address 498 Tuscan Avenue # 207  
William Carey University COM

City

Hattiesburg

State

MS

Zip Code

39401-5461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Carey University  
COM

Occupation  
Vice President & Dean

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

802.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: 28356557

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee**A.**

Full Name (Last, First, Middle Initial)

Robert Lee Peters, DO

Mailing Address 405 Old West Dr

Round Rock Medical Clinic

City

Round Rock

State

TX

Zip Code

78681-7452

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

Transaction ID: 28356559

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

COL Ronald J. Renuart, DO

Mailing Address 520 A1a N Ste 101

City

Ponte Vedra Beach

State

FL

Zip Code

32082-2260

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Baptist Primary CareOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

Transaction ID: 28356560

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Anthony J. Silvagni, DO, Pharm

Mailing Address 3200 South University Drive

City

Fort Lauderdale

State

FL

Zip Code

33328-2018

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Nova Southeastern Univer-  
sityOccupation  
Dean

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

Transaction ID: 28356561

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

625.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

**A.**

Full Name (Last, First, Middle Initial)

roberta A. Wattleworth, DO, MHA,

Mailing Address 3200 Grand Avenue

City

Des Moines

State

IA

Zip Code

50312-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Des Moines University

Occupation

Faculty member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: 28356563

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

David L. Wolf, DO, MS

Mailing Address 2275 West Jefferson Avenue

City

Trenton

State

MI

Zip Code

48183-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: 28356565

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jan D. Zieren, DO, MPH

Mailing Address 720 E Thunderbird Road  
Suite 3

City

Phoenix

State

AZ

Zip Code

85022-5396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: 28356566

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

**A.**

Full Name (Last, First, Middle Initial)

Samuel C. Martino, DO, BS

Mailing Address 2929 W Wallcraft Ave

City

Tampa

State

FL

Zip Code

33611-1650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: 28356568

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Sherry McCauliffe

Mailing Address 142 East Ontario Street

City

Chicago

State

IL

Zip Code

60611-2874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AOA

Occupation  
Div Dir - Membership Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: 28356956

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph A. Giaimo, DO

Mailing Address 1011 Singer Dr

City

West Palm Beach

State

FL

Zip Code

33404-2764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

Transaction ID: 28356991

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

**A.**

Full Name (Last, First, Middle Initial)

Dixie Tooke-Rawlins, DO

Mailing Address 2265 Kraft Drive

Edward Via VA College of Osteopath

City

State

Zip Code

Blacksburg

VA

24060-6360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VCOM

Occupation

Dean and Executive Vice President Edwa

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: 28408988

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Stanley E. Essl, DO, RPH

Mailing Address 2124 Berwyn St

City

State

Zip Code

Philadelphia

PA

19115-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stanley E Essl DO

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: 28456772

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Al E. Faigin, DO

Mailing Address 5703 Westcreek Dr

Wedgewood Family Health Assoc

City

State

Zip Code

Fort Worth

TX

76133-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: 28471883

Amount of Each Receipt this Period

162.00

**SUBTOTAL** of Receipts This Page (optional) .....

1162.00

**TOTAL** This Period (last page this line number only) .....

6862.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 16

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

**A.**

Full Name (Last, First, Middle Initial)

Citibank FSB

Mailing Address P.O. Box 19748

City

Washington

State

DC

Zip Code

20036-0748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

865.62

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: 28518124

Amount of Each Receipt this Period

131.83

Bank Interest Earned

**SUBTOTAL** of Receipts This Page (optional) .....

131.83

**TOTAL** This Period (last page this line number only) .....

131.83

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

**A.**

Full Name (Last, First, Middle Initial)

Friends of Ginny Brown-Waite

Mailing Address P.O. Box 865

City  
Brooksville

State  
FL

Zip Code  
34605

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Virginia Brown-Waite

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 05

**Transaction ID: 28323519**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City  
Murfreesboro

State  
TN

Zip Code  
37133

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Bart Gordon

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 06

**Transaction ID: 28323523**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

**3500.00**

**TOTAL** This Period (last page this line number only) .....

**3500.00**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

<b>A.</b> Full Name (Last, First, Middle Initial) MorEvents		<b>Transaction ID:</b> 28465287 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div>
Mailing Address 3333 South Bannock Street Suite 790		Amount of Each Disbursement this Period <div>18816.00</div>
City Englewood State CO Zip Code 80110		
Purpose of Disbursement Travel Expense - Dem Nat Conv.	<div>002</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expense - Dem Nat Conv.

<b>B.</b> Full Name (Last, First, Middle Initial) Heartland Card Services		<b>Transaction ID:</b> 28518119 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 8</div> </div>
Mailing Address P.O. Box 1587		Amount of Each Disbursement this Period <div>1023.67</div>
City Jeffersonville State IN Zip Code 47131-1587		
Purpose of Disbursement Credit card processing fees	<div>001</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Credit card processing fe- es

<b>C.</b> Full Name (Last, First, Middle Initial) Citibank FSB		<b>Transaction ID:</b> 28518121 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 8</div> </div>
Mailing Address P.O. Box 19748		Amount of Each Disbursement this Period <div>2.24</div>
City Washington State DC Zip Code 20036-0748		
Purpose of Disbursement Bank Account Analysis Settlement Fee	<div>001</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Account Analysis Set- tlement Fee

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

19841.91

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Credit card processing fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 28518122

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

4.50

Credit card processing fe-  
es

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Credit card processing fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 28518123

Date of Disbursement

08 / 28 / 2008

Amount of Each Disbursement this Period

410.46

Credit card processing fe-  
es

**SUBTOTAL** of Disbursements This Page (optional) .....

414.96

**TOTAL** This Period (last page this line number only) .....

20256.87